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ABSTRACT

This paper examines definitions of child abuse and neglect as put forth by the Child Abuse Prevention and Treatment Act and the Child Abuse Amendments of 1984. Four types of child abuse and neglect are identified and briefly described: physical abuse, child neglect, sexual abuse, and mental injury (also referred to as emotional/psychological abuse). The prevalence of child abuse is examined and statistics are given for the various types of abuse. A section examining why child abuse and neglect occur looks at individual characteristics of the parents and the children, family interactions, environmental conditions, the child's age, the child's gender, family income, family size, race, and geographic location. Suggestions are given for how to recognize child abuse and neglect and examples of cases of abuse and neglect are provided. Other sections focus on who should report suspected child abuse and neglect and what happens after a report is filed with Child Protective Services. A final section considers how these children and their families can be helped. (Contains 25 references.) (NB)

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How To Define Child Abuse And Neglect?

By: Nora M. Wasserman

ED 360 580

The Child Abuse Prevention and Treatment Act defines child abuse and neglect as "the physical or mental injury, sexual abuse or exploitation, negligent treatment, or maltreatment:

- Of a chid under the age of 18, or except in the case of sexual abuse, the age specified by the child protection law of the state

- By a person (including any employee of a residential facility or any staff person providing out-of-home care) who is responsible for the child's welfare

- Under circumstances which indicate that the child's health or welfare is harmed or threatened thereby . . . .

The Act defines sexual abuse as the use, persuasion, or coercion of any child to engage in any sexually explicit conduct (or any simulation od such conduct) for the purpose of:

. Producing any visual depiction of such conduct, or

. Rape, molestation, prostitution, or

. Incest with children.

As a result of the Child Abuse Amendments of 1984 (P.L. 98-457), the Act also includes as child abuse the withholding of medically indicated treatment for an infant's life-threatening conditions. The Act defines this provision as ". . . the failure to respond to the infant's life-threatening conditions by providing treatment (including appropriate nutrition, hydration, and medication) which, in the treating physician's or physicians' reasonable medical judgement, will most likely be effective in ameliorating or correcting all such conditions. . ."

The four types of child abuse and neglect are physical abuse, child neglect, sexual abuse, and mental injury (also referred to as emotional/psychological abuse). Let us take a brief look at each form of child maltreatment.

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Physical Abuse

physical abuse is characterized by inflicting physical injury by punching, beating, kicking, biting, burning, or otherwise harming a child. Although the injury is not an accident, the parent or caretaker may not have intended to hurt the child. The injury may have resulted from over-discipline or physical punishment that is inappropriate to the child's age.

Child Neglect

Child neglect is characterized by failure to provide for the child's basic needs. Neglect can be physical, educational, or emotional. The latest national incidence study defines these three types of neglect as follows. Physical neglect includes refusal of or delay in seeking health care, abandonment, expulsion from home or not allowing a runaway to return home, and inadequate supervision. Educational neglect includes permission of chronic truancy, failure to enroll a child of mandatory school age, and inattention to a special educational need. Emotional neglect includes such actions as chronic or extreme spouse abuse in the child's presence, permission of drug or alcohol use by the child, and refusal of or failure to provide needed psychological care. it is very important to distinguish between willful neglect and a parent's or caretaker's failure to provide necessities of life because of poverty or cultural norms.

Sexual Abuse

Sexual abuse includes fondling a child's genital, intercourse, incest, rape, sodomy, exhibitionism, and sexual exploitation. To be considered child abuse these acts have to be committed by a person responsible for the care of a child (for example, a parent, a baby-sitter, or a day care provider). If a stranger commits these acts, it would be considered sexual assault and handled solely by the police and criminal courts.

Many experts believe that sexual abuse is the most under-reported form of child maltreatment because of the secrecy or "conspiracy of silence" which so often characterizes these cases.

Mental Injury (Emotional/Psychological Abuse)

This form of child abuse and neglect includes acts or omissions by the parents or other person responsible for the child's care that have caused, or could cause, serious behavioral, cognitive, emotional/psychological abuse the parental acts alone, without any harm evident in the child's behavior or condition, are sufficient to warrant Child Protective Services (CPS) intervention. For example, the parents/caretakers use extreme or bizarre forms of punishment, such as torture or confinement of a child in a dark closet. For less severe acts, such as habitual scape-goating, belittling, or rejecting treatment, demonstrable harm to the child is often required for CPS to intervene.

Although any of the forms of child maltreatment may be found alone, we often find them occurring in combination. And, emotional abuse is almost always present when other forms are identified.

How Widespread Is The Problem?

The most recent national incidence study estimates that more than 1 million children nationwide experienced demonstrable harm as a result of maltreatment in 1986. According to the same study, more than 1.5 million children nationwide experienced abuse or neglect if children "at risk of or threatened with harm" are included in the estimate. In addition, 1,100 children are known to have died as a result of abuse or neglect in 1986. In comparing the 1986 overall incidence rate to the 1980 rate, the number of children who experienced demonstrable harm from abuse or neglect increased 66 percent. The national incidence study concludes that a third increase is probably more reflective of increased recognition that of an actual increase in incidence. The number of children reported to CPS increased nearly 57 percent since 1980. CPS officially substantiated 53 percent of the cases that were reported and accepted for investigation in 1986. This reflected an increase of 10 percent in the number of substantiated cases since 1980.

Every State has a child abuse and neglect reporting law that requires certain categories of professionals (for example, social workers, medical personnel, educators, child care staff) to report suspected child abuse and neglect. In addition, States either require or suggest that the general public report suspected incidents of child maltreatment.

Which Type Of Child Maltreatment Occurs Most Often?

The 1986 National Incidence Study found that the majority of child maltreatment Incidence Study found that the majority of child maltreatment cases (63 percent) involved neglect (1,003,600 children or 15.9 per 1,000) and less than half
(43 percent) involved abuse (675,000 children or 10.7 per 1,000). Let us break down the numbers by the major forms of child maltreatment.

Physical Abuse:
A total of 358,300 children or 5.7 children per 1,000 were physically abused in this country in 1986.

Emotional Abuse:
The next most frequently occurring type of abuse is emotional abuse, involving 211,100 children or 3.4 children per 1,000.

Sexual Abuse:
Although sexual abuse remains the least frequent type of abuse, its incidence is not far behind that of emotional abuse. The national incidence study founded that 155,900 children, or 2.5 per 1,000, were sexually abused in 1986 alone. In addition, it is important to note that the known incidence of sexual abuse more than tripled since 1980.

Neglect:
There are a number of different types of neglect, each with differing incidence rates. Physical neglect is the most frequently occurring type of neglect involving 571,600 children or 9.1 per 1,000. The least frequent type is emotional neglect, involving 223,100 children or 3.5 per 1,000.

Why Does Child Abuse and Neglect Occur?

There are many factors that may contribute to the occurrence of child abuse and neglect. Each family is different, each family's story is unique. We have however, identified some conditions or situations that **may** make child abuse and neglect more likely to occur. For discussion purposes, these factors will be divided into three categories.

Individual Characteristics:
Parents may be more likely to maltreat their children if they are emotionally immature or needy, are isolated, with no family or friends to depend on; were emotionally deprived, abused, or neglected as children, feel worthless and have never been loved or cared about, are in poor health, or abuse drugs or alcohol. Many abusive and neglectful parents do not intend to harm their children and often feel remorse about their maltreating behavior. However, their own problems may prevent them from stopping their harmful behavior and may result in resistance to outside intervention. It is important to remember that diligent and effective intervention efforts may overcome the parents' resistance and help them to change their abusive and neglectful behavior.

Children may be more likely to be at risk of maltreatment if they are unwanted, resemble someone the parent dislikes, or have physical or behavioral traits which makes them different or especially difficult to care for.

Family Interactions. Each member of a family affects every other member of that family in some way. Some parents and children are fine on their own, but just cannot get along when they are together, especially for long periods of time. Some characteristics commonly observed in abusive or neglectful families include social isolation and parents turning to their children to meet their emotional needs.

Environmental Conditions. Changes in financial condition, employment status, or family structure may shake a family's stability. Some parents may not be able to cope with the stress resulting from the changes and may experience difficulty in caring for their children.

In addition to these contributing factors, some societal values may perpetuate child abuse and neglect. For example, the acceptance of violence as a way of life, the conviction that parents have the right to treat children as they please, and the desire to avoid outside involvement in family life may influence the occurrence of child abuse and neglect. Fear or mistrust of outside intervention should not prevent families from seeking and/or accepting help in ending abusive or neglectful situations.

The research conducted over the last 10 years has helped us better understand why abuse and neglect occurs. Recent significant findings from the national incidence study are presented below:

Age of Child. In 1986, the incidence of physical abuse was lowest among children up to 2 years of age. However, when these children did experience physical abuse they were more likely than older children to sustain serious or fatal injuries. In addition, the incidence of emotional neglect and educational neglect differed according to the child's age. The risk for these two types of neglect increased with age.

Gender. There are significant difference in the incidence of neglect associated with the sex of the child. However, females experienced more abuse than males. The difference reflected the female's greater susceptibility to sexual abuse. The race of sexual abuse for females was nearly four times the rate for males (121,000 females or 3.9 per 1,000 females and 34,000 males or 1.1 per 1,000 males.)

Family Income. Children from families whose income was less than $15,000 experienced maltreatment at a rate five times higher than children from higher income families.

Family Size. Families with four or more children showed higher rates of both physical abuse and physical neglect.

Race. A child's race/ethnicity has no significant impact on incidence or maltreatment.

Geographic Location. Child abuse can occur in any community, urban, suburban, or rural.

How Can We Recognize Child Abuse And Neglect?
The most common way we identify child abuse and neglect is through the child's and parent's condition and behavior. We need to look for combinations of physical and behavioral indicators in children as well as combinations of parental and child indicators. An example would be a case in which a child who has frequent unexplained injuries has just sustained a broken arm and seems afraid of his or her parents. The parents offer conflicting and unconvincing explanations for the injury.

Sometimes a single physical indicator in a child will be sufficient to make a report, such as a spiral fracture in a 3-month-old infant. Some unusual or alarming child behaviors may, in and of themselves, clearly warrant a report. However, some behaviors may have possible explanations other than child abuse and neglect, such as a child who runs away or engages in delinquent behavior. Therefore, behavioral indicators alone may not clearly indicate the child is being abused or neglected, so judgement must be exercised. The individual who suspects that maltreatment is occurring should report these suspicious. Background information about the child and family is helpful but is not necessary to warrent a report.

Let us examine some situations that caused professionals and the general public to suspect child abuse and neglect, and report their concerns to CPS.

An 18-month-old boy was brought to the emergency room with second and third degree burns on his legs and buttocks. The doctor noted that the burns extended to a different level on each leg at mid calf on the left leg, and mid knee on the right. In addition, there was an area on the right buttock that was burned. The mother told the doctor that she left her son in the bathtub while she went to answer the telephone. The mother believed that the boy turned on the hot water while she was gone. The doctor did not believe that the mother's explanation was consistent with the injury. The doctor thought that there were two factors which made it unlikely that the burns could have occurred as a result of the child turning on the water. First, it takes a long time to raise the temperature of normal bath water to the scalding point. Second, if the injuries had occurred as the mother described, the injuries would have been the same. The doctor thought that the injury could have occurred by holding the child and dangling his feet into scalding water.

The doctor reported this case to CPS because: The child had sustained a serious injury. The parent's explanation of the cause of the child's injury was implausible, and in his clinical opinion, the injury could likely have been caused by the parent.

Susan, aged 7, was in her first grade class when her teacher noticed that she had difficulty sitting and had some unusually shaped marks on her arm. Susan was sent to the school nurse to be examined. TH nurse noted approximately 12 linear loop-shaped marks on her back and buttocks. The nurse believed that the marks were inflicted by a belt and belt buckle. The marks were purple, blue, brown and yellow, indicating that the bruises were sustained at different times. The nurse spoke with the principle, who called CPS.

The school principle reported this case to CPS because: The child had sustained a physical injury. The bruises were inflicted at different times, perhaps days apart. (Even if the bruises had been inflicted at one time this case should still be reported. The fact that the bruises were in different stages of healing raises greater concern for the child's safety) and the nurse's clinical opinion was that the injuries were inflicted by a belt and belt buckle.

When Cindy was 8 years of age, her teacher called CPS. Cindy was the only child in her family who wore old tattered clothing to school as was not given the same privileges and opportunities as her brothers and sisters. The other children were allowed to join in after school activities, however, Cindy was not allowed to participate in any outside activities. Cindy became very withdrawn at school. She stopped speaking in class and would not engage in play activities with her classmates. Her academic performance declined rapidly. Finally, Cindy became incontinent and had "accidents" in class.

The reasons the teacher reported this case to CPS were; serious differential treatment of one child in the family, marked decline in academic performance and class participation, and incontinence.

Who Should Report Child Abuse And Neglect?
Child abuse and neglect is everyone's responsibility. In order to help maltreated children and their families, professionals and the general public must report suspected child abuse and neglect. You do not have to prove that a child is being abused or neglected; you only have **to suspect maltreatment is occurring in order to report.** When you report your suspicions to your local child protection agency, you should be prepared to provide information about the abuse and/or neglect, the child, and the family.

For families living on military installations, reports should be made to the Family Advocacy Program. Each branch of the military services has a Family Advocacy Program, commonly identification, and treatment of child abuse and neglect.

Today, every State, the District of Columbia, American Somoa, Guam. Porto Rico, and the Virgin Islands have child abuse reporting laws. These laws mandate or require the reporting of suspected child maltreatment. Your State child abuse reporting law specifies the individuals who must report. Your State law also describes the penalties for not reporting and the specific situations that should be reported to CPS.

If you report suspected child abuse and neglect in accordance with the law, you are immune or protected from civil and criminal liability.

What Happens After The Report Is Made:
After the report is made to CPS, a staff member will talk with the child and the family, and other people involved with the family to determine if child abuse or neglect has occurred or is likely to occur. In some communities, a law enforcement investigator or both a CPS worker and a police officer will conduct the investigation to determine whether abuse or neglect has occurred. Family Advocacy Program staff on military installations typically cooperative with the investigation. They also provide appropriate treatment such as counseling and medical services.

In addition to determining whether abuse or neglect has occurred, or is likely to occur, CPS will evaluate whether the child's life or health is threatened. The primary role of CPS is to ensure that children are protected from harm. If CPS concludes that a child's safety is threatened, it will take action to protect the child. CPS will make all efforts to keep the family together and, at the same time, ensure the child's safety. Sometimes however, that is not possible and CPS must, through the civil (juvenile or family) courts, remove the child from his or her parents and place the child in foster care.

Whether or not a child is removed, if child abuse or neglect has occurred or is likely to occur in a family, CPS will provide services or refer the family to community agencies or professionals to help the family members change their unhealthy patterns of behavior that led to the problem.

CPS emphasizes the protection of child and treatment of families. Sometimes abusers are prosecuted in criminal court (most often in cases of sexual abuse or severe physical abuse) in order to ensure that the abuser accepts and follows through with treatment and to ensure that a criminal act is appropriately deterred.

How Can We Help These Children And Families?

There are still many unanswered questions about child abuse and neglect and how we can treat it. We have, however, learned enough from research, model programs, and clinical efforts to develop some guiding principles.

.Child maltreatment is a family problem. Consequently, our treatment efforts must focus on individual family members as well as the family as a whole. Treatment must be provided to abused and neglected children as well as their parents. Unless children receive the support and treatment for the trauma they have suffered, they may suffer permanent physical, mental, or emotional handicaps.

.Although we cannot predict with certainty who will abuse or neglect their children, we do know the signs indicating high risks. People at high risk include young parents who are ill-prepared for the patenting role, families experiencing great stress who have poor coping skills and have no one to turn to for support, and parents who have difficulty with or who have not developed an emotional bond with their infant. We need to be alert to these and other high risk indicators and offer assistance, support, counseling, and/or parent education to families "at risk" before their children are harmed.

.Families "at risk" may be most receptive to help soon after the birth of their first child.

.Child sexual abuse prevention programs aimed at school-aged children appear to be useful in helping children avoid sexually abusive situations and say no to inappropriate touch by adults. However, prevention programs must be carefully examined and selected. These programs must be responsive to the learning capacities and developmental stages of the children involved. Inappropriately designed programs may frighten young children or fail to teach them what they can do to protect themselves.

.Volunteers can be very effective with some abusive and neglectful parents--especially with those parents who are experiencing stress, who have been emotionally deprived, and who lack knowledge of child development and effective patenting skills. Volunteers must be carefully screened, trained, and supervised.

Clearly, if we are going to stop child abuse and neglect and help the child victims and their families, we all must work together. Efforts must occur at the Federal, State, and local levels.

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